

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **Mr. Andrew Scott Rosenbaum**(b) Address (number and street) ☐ check if different than previously reported
5462 Palm Springs Lane
#B(c) City, State and ZIP Code
Boynton Beach FL 33437(d) Name of Employer or Principal Place of Business
DV Industries, LLC(e) Occupation
CEO**2. FEC Identification Number****C** C30002349**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2015

through

M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2015(b) Communication Title Webmaster**6. The filer is a(n):** (a) ☒ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☒ No ☐**8. Custodian of Records**

(a) Name

Mr. Andrew Scott Rosenbaum

(b) Address (number and street)
5462 Palm Springs Lane
#B

(c) City, State and ZIP Code

Boynton Beach FL 33437

(d) Name of Employer or Principal Place of Business
DV Industries, LLC(e) Occupation
CEO**9. Total Donations This Statement**

, , 2000.00

10. Total Disbursements/Obligations This Statement

, , 750.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Mr. Andrew Scott RosenbaumSIGNATURE Mr. Andrew Scott Rosenbaum[Electronically Filed] DATE 06/25/2015

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.